2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AN Secretary of State

DOCUMENT # A9400000352 1. Entity Name RIVER REACH OF ORANGE COUNTY, LTD.						S	ecreta	ry of Stat	
Principal Plac 1002 WEST : PANAMA CIT	23RD STREET, SUITE 400	Mailing Address 1002 WEST 23RD PANAMA CITY, FL	STREET, SU 32405	ITE 400					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04082005	Chg-LP		3 (10/03)	
City & Stat	City & State City & State			· · · · · · · · · · · · · · · · · · · 	4. FEI Number 59-3230			Applied For	
Zip	Country	Zip	Zip Country		 	of Status Desired		Not Applicable 8.75 Additional see Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
1002 WES	AURETTA J T 23RD STREET, SUITE (CITY, FL 32405	400		Name Street Address	(P.O. Bax Numbel	is Not Acceptable	9)		
				City			FL	Zip Code	
the obligat	named entity submits this statem ions of registered agent.	ent for the purpose of changi	ing its register	ed office or registe	red agent, or both	i, in the State of Flo		L miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered	ogeni and tillo il applicable					DATE		
9. Capital Co as Shown		10. Amount of 6 in FLORIDA		butions	°etz.,	•			
	NOTE: General Partner:		S ENTITY M on the form	UST BE REGIS n; an amendmen	TERED AND A	CTIVE WITH TH to change a g	IIS OFFICE. eneral parti	ner.	
12.	12. GENERAL PARTNER INFORMATION DOCUMENT / 598978				· · · · · · · ·	ADDRESS CH	ANGES ONLY		
NAME STREET ADDRESS CITY-ST-ZIP	ROYAL AMERICAN DEVELOPMENT, INC. 1 ADDRESS 1002 WEST 23RD STREET, SUITE 400			EET ADDRESS	·	05/11/16	0365468	024 S35.00	
DOCUMENT # NAME	-	 	STR	EET ADDPESS		<u> </u>	יטטטטב	<u> </u>	
STREET ADDRESS CITY-ST-ZIP			CIT	-SI-ZIP					
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-5T-ZIP			CITY	7 - ST - ZIP		·		·	
NAME STREET ADDRESS		, -	STR	EET ADORESS			- 		
CITY-ST-ZIP DOCUMENT #			CITY	'-SY-ZIP					
DOCUMENT # NAME STREET ADDRESS		•		EET ADDRESS		<u> </u>	- 		
CITY-ST-ZIP DOCUMENT #		E- , -		eet adoress					
NAME STREET ADDRESS CITY-ST-ZIP			J	'-S(-ZIP					
14. I hereby o	certify that the information supplied on this report is true and accurate er or trustee empowered to exact	and that my signature shall t	have the sam Chapter 620,	e legal effect as if c	nade under oath;	, Florida Statutes, that I am a General	al Partner of th	that the information e limited partnership or 850) 769-8981	